

**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

**CALIFORNIA**  
**2001/02**  
**FORM**

**460**

Page 1 of 46

For Official Use Only

Statement covers period  
from 01/20/2002  
through 02/16/2002

Date of election if applicable:  
(Month, Day, Year)  
11/05/2002

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

- ☒ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

Additional information received after filing.

**3. Committee Information**

I.D. NUMBER  
1239474

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Nakanishi for Assembly 2002

STREET ADDRESS (NO P.O. BOX)

1136 Junewood Court

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi, CA 95242

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

Vona L. Copp

MAILING ADDRESS

8958 Ivanpah Court

CITY STATE ZIP CODE AREA CODE/PHONE

Elk Grove, CA 95624

916/686-1815

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/28/02  
Date

Executed on 7/9/02  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Vona L. Copp  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Dr. Alan Nakanishi

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
State Assembly Person

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1136 Junewood Court Lodi, CA 95242

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

Nakanishi for Senate

I.D. NUMBER

991831

NAME OF TREASURER

Vona L. Copp

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

2495 W. March Lane, Ste. 204

CITY STATE ZIP CODE AREA CODE/PHONE  
Stockton, CA 95267 209/477-7221

COMMITTEE NAME

Nakanishi for Assembly

I.D. NUMBER

980198

NAME OF TREASURER

Jon Nakanishi

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

1136 Junewood Court  
City STATE ZIP CODE AREA CODE/PHONE

Lodi, CA 95242 209/369-1826

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>46</u>	I.D. NUMBER <u>1239474</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>58748.00</u>	\$ <u>105739.00</u>
2. Loans Received .....	Schedule B, Line 3	<u>40000.00</u>	<u>80000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>98748.00</u>	\$ <u>185739.00</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	<u>0.00</u>	<u>180.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>98748.00</u>	\$ <u>185919.00</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>145919.00</u>	\$ <u>0.00</u>
21. Expenditures Made	\$ <u>165571.30</u>	\$ <u>0.00</u>

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ <u>111084.66</u>	\$ <u>152315.33</u>
7. Loans Made .....	Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>111084.66</u>	\$ <u>152315.33</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	<u>16706.60</u>	<u>46274.14</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	<u>0.00</u>	<u>180.00</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>127791.26</u>	\$ <u>198769.47</u>

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
<u>03</u> / <u>05</u> / <u>2002</u>	\$ <u>208189.20</u>
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>128575.60</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>98748.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>17.00</u>
15. Cash Payments .....	Column A, Line 8 above	<u>111084.66</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>116255.94</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ <u>0.00</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ <u>126274.14</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (June/01)  
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# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period

from 01/20/2002

through 02/16/2002

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/23/2002	Dr. Nagaratna Anur 5614 Pintail Court Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Self-Employed	250.00	250.00	P 02 250.00
01/23/2002	Joseph A. Barkett 42 N. Sutter Street, Ste. 307 Stockton, CA 95202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00	1,000.00	P 02 1000.00
01/23/2002	Dolores N. Dayton 539 Willow Glen Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	P 02 200.00
01/23/2002	Law Office of Anthony M. Barkett 42 N. Sutter Street, Ste. 305 Stockton, CA 95202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1000.00
01/23/2002	Pacific State Bank 6 South El Dorado Street Stockton, CA 95202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 02 250.00
<b>SUBTOTAL \$</b>				2,650.00		

## Schedule A Summary

1. Amount received this period – contributions of \$100 or more.

(Include all Schedule A subtotals.) \$ 56150.00

2. Amount received this period – unitemized contributions of less than \$100 \$ 2598.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 58748.00

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\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A

Statement covers period

from 01/01/2002

through 02/16/2002

CALIFORNIA  
 FORM

**460**

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I.D. NUMBER

1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/23/2002	Mark B. Rishwain 2421 Brittany Court Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Self-Employed	1,000.00	1,000.00	P 02 1000.00
01/24/2002	Granite Construction Company P.O. Box 50085 Watsonville, CA 95077	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	P 02 150.00
01/25/2002	Kenneth Scott Vogel 7322 Pezzi Road Stockton, CA 95215-9113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Administrator  Lodi Unified School District	150.00	150.00	P 02 150.00
01/28/2002	Anesthesiology Consultants Medical Group, Inc. 2491 West March Lane, Ste. 100 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1000.00
01/28/2002	Friends of Keith Richman (#1232100) 601 South Figueroa Street, 41st Floor Los Angeles, CA 90017	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
01/28/2002	Gary R. Baughman, DDS, MS 756 Porter Avenue, Ste. 100 Stockton, CA 95207-4206	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 02 100.00

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b> Page <u>6</u> of <u>46</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
--	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/28/2002	Dorothy F. Hall 600 Hawthorn Road Sacramento, CA 95864	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
01/28/2002	Howard Jarvis Taxpayers Association PAC (#782376) 111 Pacifica, Ste. 270 Irvine, CA 92718	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
01/28/2002	Waste Management P.O. Box 3027 Houston, TX 77253	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	P 02 1750.00
01/28/2002	Western Manufactured Housing Communities Assn. PAC (#742422) 455 Capitol Mall, Ste. 800 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1000.00
01/28/2002	Maryn Whitney P.O. Box 38 Hood, CA 95639	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
01/29/2002	E. Richard Acuna 19610 N. Windwood Drive Woodbridge, CA 95258	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional VP Waste Management	100.00	100.00	P 02 100.00
SUBTOTAL \$				2,550.00		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/20/2002	
through	02/16/2002	Page 7 of 46

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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/29/2002	Gflip III P.O. Box 1210 Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1000.00
01/29/2002	Nick Spanos Jr. 306 Shady Acres Drive Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist  Lodi Drug Co.	250.00	250.00	P 02 250.00
01/30/2002	Penny A. Basso 5608 Pintail Court Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	250.00	250.00	P 02 250.00
01/30/2002	Michael Chavez P.O. Box 189610 Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coordinator  California Medical Association	150.00	150.00	P 02 150.00
01/30/2002	Jennifer Cooper 2310 Monument Drive Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	250.00	250.00	P 02 250.00
01/30/2002	Farmers & Merchants Bank of Central California P.O. Box 3000 Lodi, CA 95241-1902	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	P 02 750.00
<b>SUBTOTAL \$</b>				2,650.00		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
--	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/30/2002	General Mills P.O. Box 59145 Minneapolis, MN 65459-0145	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1000.00
01/30/2002	Jack L. Gilliland 325 W. Taddei Road Acampo, CA 95220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Kaiser Permanente	100.00	100.00	P 02 100.00
01/30/2002	Greater Anesthesia Service and Political Action Committee (GASPAC) (#760981) 1650 South Amphlett Blvd., Ste. 212 San Mateo, CA 94402	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
01/30/2002	James A. Pollock, M.D. 492 Crocker Road Sacramento, CA 95864	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 02 250.00
01/30/2002	Mary C. Kaehler 1025 E. Armstrong Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	250.00	P 02 250.00
01/30/2002	Dr. Chen Feel Liem 5371 Tudor Rose Glen Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  San Joaquin Cardiology Medical Group	250.00	250.00	P 02 250.00
<b>SUBTOTAL \$</b>				2,250.00		



**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/20/2002</u>		
through <u>02/16/2002</u>		Page <u>9</u> of <u>46</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/30/2002	Dorothy M. Mettler 17900 No. Cherry Road Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	250.00	250.00	P 02 250.00
01/30/2002	Dorothy Nomellini 13084 E. Highway 26 Stockton, CA 95215	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	P 02 150.00
01/30/2002	Phillip Pennino 1502 Keagle Way Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Representative  PG&E	100.00	100.00	P 02 100.00
02/02/2002	Andrade Electric, Inc. 3245-A Fitzgerald Road Rancho Cordova, CA 95742	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 02 100.00
02/02/2002	Kenneth R. Hovatter 19465 Wilderness Way Woodbridge, CA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed  SSI	500.00	500.00	P 02 500.00
02/02/2002	Anastassios Kandris 19403 N. Benedict Drive Woodbridge, CA 95258	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
<b>SUBTOTAL \$</b>				1,200.00		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/20/2002	
through	02/16/2002	Page 10 of 46

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/02/2002	M & R Company 33 E. Tokay Street Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1000.00
02/02/2002	Mae Suyenaga 8310 Poppy Ridge Road Elk Grove, CA 95758	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
02/04/2002	AG Industrial Manufacturing, Inc. 110 South Beckman Road Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 02 1500.00
02/04/2002	Richard T. Bartlett 8412 Oriol Oak Court Citrus Heights, CA 95610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Representative  Alcon Pharmaceutical	100.00	100.00	P 02 200.00
02/04/2002	California Psychiatric Political Action Committee (#790281) 1400 K Street, Ste. 302 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
02/04/2002	Marvin E. Daugherty 5449 Covey Creek Circle Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
<b>SUBTOTAL \$</b>				3,300.00		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A

Statement covers period from <u>01/20/2002</u>	<b>CALIFORNIA FORM 460</b>
through <u>02/16/2002</u>	
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NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/04/2002	Friends & Neighbots of Ingrid Lundberg (#963079) P.O. Box 97 Richvale, CA 95974	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	P 02 200.00
02/04/2002	Keiji Fujinaka 2016 East Armstrong Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	P 02 500.00
02/04/2002	Joseph P. Harrington 2017 Cochran Road Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator  Lodi Hospital	1,500.00	1,500.00	P 02 1500.00
02/04/2002	Mary Haruko Mitoma 26311 Antonio Circle Loma Linda, CA 92354	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
02/04/2002	Ken N. Oshidari D.D.S. 6529 Inglewood Ave., No. B-1 Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist  Self-Employed	100.00	100.00	P 02 100.00
02/05/2002	Cherokee Memorial Funeral Home 831 Industrial Way Lodi, CA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 02 1500.00
<b>SUBTOTAL \$</b>				3,900.00		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/20/2002</u>	through <u>02/16/2002</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/06/2002	Calif. Assn. of Professional Liability Insurers PAC (#891271) 1127 - 11th Street, Ste. 300 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1000.00
02/06/2002	Carl Fogliani 3469 W. Benjamin Holt Drive, Apt. 424 Stockton, CA 95219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Self-Employed	150.00	150.00	P 02 150.00
02/06/2002	Fountainhead 1826 W. Kettleman Lane Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 02 1500.00
02/06/2002	John P. Talbot 800 Maplewood Drive Lodi, CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Consultant  Wulff, Hansen & Co.	150.00	150.00	P 02 300.00
02/06/2002	James E. Teel 5610 Clarendon Way Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Co-Chairman  Raleys-BelAir	3,000.00	3,000.00	P 02 3000.00
02/07/2002	Sandra J. Preszler 19626 Hildebrand Road Acampo, CA 95220	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	100.00	100.00	P 02 100.00
<b>SUBTOTAL \$</b>				5,900.00		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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 to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/20/2002	
through		02/16/2002
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NAME OF FILER

Nakanishi for Assembly 2002

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/07/2002	Michael D. Rushford 1813 Brier Way Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  Criminal Justice Legal Foundation	100.00	100.00	P 02 100.00
02/08/2002	California Assn. of Oral & Maxillofacial Surgeons, PAC (#1235948) 151 N. Sunrise Avenue, Ste. 1304 Roseville, CA 95661	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 02 1500.00
02/08/2002	Praxedes B. Demesa 10740 N. Oakwilde Avenue Stockton, CA 95212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Home Administrator  Pleasant Care Corp.	1,000.00	1,000.00	P 02 1000.00
02/08/2002	Food4Less 8014 LWR Sacramento Road, Ste. 1 Stockton, CA 95210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P 02 3000.00
02/08/2002	Grupe Company Concerned Businessmen Political Action Committee (#831390) P.O. Box 7576 Stockton, CA 95267	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1000.00
02/10/2002	Beverly Enterprises, Inc. One Thousand Beverly Way Fort Smith, AR 72919-2500	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 02 250.00
<b>SUBTOTAL \$</b>				6,850.00		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>14</u> of <u>46</u>

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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/10/2002	Delta Heart & Medical Clinic 87 W. March Lane, Ste. 3 Stockton, CA 95207	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
02/10/2002	Felten-Mehlhauff Farms, Inc. 15822 N. Locust Tree Road Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
02/10/2002	Elmer Kludt 749 S. Crescent Avenue Lodi, CA 95240-4630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
02/11/2002	Barbara Cammack 3244 Joshua Tree Circle Stockton, CA 95209	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Registered Nurse  Dameron Hospital	100.00	100.00	P 02 100.00
02/11/2002	Michael D. McCollum 7722 Rio Barco Way Sacramento, CA 95831	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Environmental Consultant  Self-Employed	100.00	100.00	P 02 100.00
02/12/2002	Bozant Katzakian P.O. Box 1778 Lodi, CA 95241	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	P 02 150.00
<b>SUBTOTAL \$</b>				1,450.00		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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 to whole dollars.

SCHEDULE A

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/12/2002	Jerry L. Moore 976 W. Mariposa Avenue Stockton, CA 95204	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	1,500.00	P 02 1500.00
02/14/2002	All-State Warranty, Inc. 5150 Madison Avenue Sacramento, CA 95841	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P 02 3000.00 G 02 3000.00
02/14/2002	California Ambulance Association Political Action Committee (#890111) 1127 11th Street, Ste. 300 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
02/14/2002	California Real Estate Political Action Committee/BORPAC (#890106) 525 S. Virgil Avenue Los Angeles, CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		3,000.00	3,000.00	P 02 3000.00
02/14/2002	Friends of Jim Brulte (#926673) P.O. Box 241 Rancho Cucamonga, CA 91729	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00	3,000.00	P 02 3000.00
02/15/2002	George T. Aratani 2946 Lakeridge Drive Hollywood, CA 90068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00	1,000.00	P 02 1000.00
<b>SUBTOTAL \$</b>				11,000.00		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/20/2002</u>		
through <u>02/16/2002</u>		Page <u>16</u> of <u>46</u>

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NAME OF FILER

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1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/15/2002	B&H Electric, Inc. 1122 Black Diamond Way Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	P 02 1000.00
02/15/2002	Baffoni Properties 1175 Oranewood Drive Lodi, CA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	P 02 300.00
02/15/2002	Geny B. Burgos M.D. 123 S. Commerce Ste. E Stockton, CA 95202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Self-Employed	100.00	100.00	P 02 100.00
02/15/2002	California Association of Health Facilities Political Action Committee (#741816) 2201 K Street Sacramento, CA 95816	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	P 02 2000.00
02/15/2002	Lawrence A. Danto 5525 St. Andrews Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Self-Employed	100.00	100.00	P 02 100.00
02/15/2002	Dr. Gurinder Singh Grewal 830 Liberty Court Tracy, CA 95376	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Self-Employed	200.00	200.00	P 02 200.00
<b>SUBTOTAL \$</b>				3,700.00		



**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/15/2002	George R. Herron Jr. 105 W. Pine Street Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	P 02 500.00
02/15/2002	George Inouye 16431-B S. Denker Avenue Gardena, CA 90247	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	P 02 250.00
02/15/2002	Masashi Itano 29413 Quailwood Drive Rancho Palos Verdes, CA 90275	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
02/15/2002	Frank Kim 5726 Shelldrake Court Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Self-Employed	100.00	100.00	P 02 100.00
02/15/2002	Sue L. Kramer 5215 Grouse Run Drive Stockton, CA 95207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	300.00	300.00	P 02 300.00
02/15/2002	Yo Kuniyoshi P.O. Box 181 Atwater, CA 95301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
<b>SUBTOTAL \$</b>				1,100.00		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>01/20/2002</u>	<b>CALIFORNIA FORM 460</b>
through <u>02/16/2002</u>	
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NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/15/2002	Marvine H. Primack M.D. P.O. Box 692661 Stockton, CA 95269	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
02/15/2002	Frances D. Riggs 25626 Alta Vista Court Pioneer, CA 95666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
02/15/2002	Charles H. Sunn 2652 Palo Vista Way Rancho Cordova, CA 95670-3429	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	P 02 100.00
02/15/2002	Naoyuki Takasugi 1221 El Portal Way Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	P 02 250.00
02/15/2002	Vienna Convalescent Hospital, Inc. 800 South Ham Lane Lodi, CA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	750.00	P 02 750.00
02/15/2002	Philip B. Wallace 42 North Sutter, Ste. 316 Stockton, CA 95202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Western Empire	250.00	250.00	P 02 250.00
SUBTOTAL \$				1,300.00		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/20/2002	
through	02/16/2002	Page 19 of 46

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/15/2002	Mabel M. Young 3625 St. Andrews Drive Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	P 02 500.00
02/15/2002	Mel Young 3925 Glen Abby Circle Stockton, CA 95219	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO  Centra Mat	500.00	500.00	P 02 500.00
02/16/2002	A. Teichert & Son, Inc. P.O. Box 15002 Sacramento, CA 95851	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	P 02 1500.00
02/16/2002	Colin B. Arnold, M.D., Inc. Sierra Eye Care 7501 Hospital Drive, Ste. 105 Sacramento, CA 95823	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	P 02 100.00
02/16/2002	Carl J. Fink 540 S. Mills Avenue Lodi, CA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pharmacist  Lakewood Drugs	100.00	100.00	P 02 100.00
02/16/2002	Surewest Communications P.O. Box 969 Roseville, CA 95678	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P 02 500.00
<b>SUBTOTAL \$</b>				3,200.00		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A

Statement covers period from <u>01/20/2002</u>	<b>CALIFORNIA FORM 460</b>
through <u>02/16/2002</u>	
Page <u>20</u> of <u>46</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/16/2002	YAG Enterprises Inc. 1329 Elkhorn Drive Stockton, CA 95209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P 02 250.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				250.00		

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period

from 01/20/2002

through 02/16/2002

CALIFORNIA  
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Alan S. Nakanishi M.D. 1136 Junewood Court Lodi, CA 95240	Physician Delta Eye Medical Group	\$ 40,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 40,000.00 12/31/2002 DATE DUE	0.00 % RATE \$ 0.00	\$ 40,000.00 12/31/2001 DATE INCURRED	CALENDAR YEAR \$ 40,120.00 PER ELECTION** P 02 80120.00 \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
Alan S. Nakanishi M.D. 1136 Junewood Court Lodi, CA 95240	Physician Delta Eye Medical Group	\$ 0.00	\$ 40,000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 40,000.00 DATE DUE	0.00 % RATE \$ 0.00	\$ 40,000.00 02/16/2002 DATE INCURRED	CALENDAR YEAR \$ 40,120.00 PER ELECTION** P 02 80120.00 \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
		\$		<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS		\$ 40,000.00	\$ 0.00	\$ 80,000.00	\$ 0.00			

(Enter (e) on  
Schedule E, Line 3)

## Schedule B Summary

- Loans received this period ..... \$ 40000.00  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 40000.00  
(May be a negative number)

\*Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

† Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee

FPPC Form 460 (June/01)

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>01/01/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b>
NAME OF FILER Nakanishi for Assembly 2002	
I.D. NUMBER 1239474	

LIT campaign literature and mailings

PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cafe Dolce 1200 K Street, Ste. 7 Sacramento CA 95814	FND		500.00
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	LIT		5,055.11
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	LIT		5,055.11

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 10,610.22

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 110912.49  
 2. Unitemized payments made this period of under \$100 ..... \$ 172.17  
 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00  
 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 111084.66

**Schedule E (Continuation Page)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b>
NAME OF FILER Nakanishi for Assembly 2002	
I.D. NUMBER 1239474	

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	LIT		569.60
Cleveland Mailing Service 1317 - 15th Street, Ste. A Sacramento CA 95814			
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814			
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	WEB		2,118.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814			

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 2,890.82

# Schedule E (Continuation Page)

## Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2002	
through 02/16/2002		
NAME OF FILER Nakanishi for Assembly 2002		I.D. NUMBER 1239474

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	1,765.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	2,941.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	4,706.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	5,294.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	CMP	3,418.07



# Schedule E (Continuation Page) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/20/2002	
through	02/16/2002	Page 25 of 46
NAME OF FILER		I.D. NUMBER
Nakanishi for Assembly 2002		1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	POL			4,199.50
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	OFC		BlastFax	111.23
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814			Voter File	2,773.88
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	WEB			21.75
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	WEB			262.50
<b>SUBTOTAL \$</b>				<b>7,368.86</b>

**Schedule E (Continuation Page)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/20/2002	
through	02/16/2002	

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT			2,288.80
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT			6,151.37
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814				
Merzak Signs 215 Sutter Street Jackson CA 95642				509.43
Pacific Bell Payment Center Sacramento CA 95887-0001	OFC			694.78

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$**

14,644.38

**Schedule E (Continuation Page)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

**CALIFORNIA**  
**FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

Statement covers period  
from 01/01/02  
through 02/16/2002

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chris Pechal 7044 Lazy River Way Sacramento CA 95831	OFC			292.74
TC Printing 1225 J Street Sacramento CA 95814	LIT			997.33
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814	OFC			52.79
Wendy Warfield & Associates Sacramento CA 95814	PRO			8,000.00
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	LIT			5,644.71

**Schedule E (Continuation Page)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/20/2002		
through 02/16/2002		Page 28 of 46
		I.D. NUMBER 1239474

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anthony J. Tannehill 8795 La Riviera Drive, #59 Sacramento CA 95826	PRO			1,000.00
Anthony J. Tannehill 8795 La Riviera Drive, #59 Sacramento CA 95826		Mileage		208.32
Cleveland Mailing Service 1317 - 15th Street, Ste. A Sacramento CA 95814	LIT			1,725.20
Vona Copp 8958 Ivanpah Court Elk Grove CA 95624		Treasurer Fee & Expenses		2,526.28
Nicole Goehring P.O. Box 547 Woodbridge CA 95258	PRC			100.00
<b>SUBTOTAL \$</b>				<b>5,559.80</b>

**Schedule E (Continuation Page)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

**CALIFORNIA**  
**FORM** **460**

Statement covers period  
from 01/20/2002  
through 02/16/2002

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814		Mailers, Survey, Voter Calls, Telephone, Postage & Website	33,408.13
Chris Pechal 7044 Lazy River Way Sacramento CA 95831		Campaign Manager fee, expenses & office supplies	3,318.64

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 36,726.77

# Schedule F

## Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/20/2000</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b>
Page <u>30</u> of <u>46</u>	I.D. NUMBER 1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Johnson Clark Associates	LIT	5,294.00	0.00	5,294.00	0.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	1,765.00	0.00	1,765.00	0.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	4,706.00	0.00	4,706.00	0.00

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b>
--	----------------------------

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	CMP				
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	POI	4,199.50	0.00	4,199.50	0.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	2,941.00	0.00	2,941.00	0.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	Voter File	2,773.88	0.00	2,773.88	0.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	WEB	2,118.00	0.00	2,118.00	0.00
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>		<b>SUBTOTALS \$</b>	15,450.45 \$	0.00 \$	15,450.45 \$ 0.00

**Schedule F (Continuation Sheet)**  
**Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b>  Page <u>32</u> of <u>46</u>
I.D. NUMBER 1239474	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	OFC BlastFax	111.23	0.00	111.23	0.00
Pacific Bell Payment Center Sacramento CA 95887-0001	OFC	694.78	0.00	694.78	0.00
Chris Pechal 7044 Lazy River Way Sacramento CA 95831	OFC	292.74	0.00	292.74	0.00
TC Printing 1225 J Street Sacramento CA 95814	LIT				
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	OFC	0.00	932.05	0.00	932.05
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>		<b>SUBTOTALS \$</b>	2,096.08 \$	932.05 \$	2,096.08 \$ 932.05



**Schedule F (Continuation Sheet)**  
**Accrued Expenses (Unpaid Bills)**

 Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

Statement covers period	<b>CALIFORNIA FORM 460</b>
from <u>01/20/2002</u>	
through <u>02/15/2002</u>	

NAME OF FILER Nakanishi for Assembly 2002	I.D. NUMBER 1239474
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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	0.00	7,550.90	0.00	7,550.90
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	0.00	1,973.09	0.00	1,973.09
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	OFC	0.00	57.86	0.00	57.86
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	POL	0.00	3,725.00	0.00	3,725.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	0.00	50.83	0.00	50.83

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b> Page <u>34</u> of <u>46</u>
--	---

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	0.00	5,836.11	0.00	5,836.11
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	0.00	145.00	0.00	145.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	0.00	7,114.43	0.00	7,114.43
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	LIT	0.00	88.00	0.00	88.00
Johnson Clark Associates 400 Capitol Mall, Ste. 1560 Sacramento CA 95814	RAD	0.00	12,286.68	0.00	12,286.68
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>		<b>SUBTOTALS \$</b>	0.00 \$	25,470.22 \$	0.00 \$ 25,470.22

**Schedule F (Continuation Sheet)**  
**Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b>  Page <u>35</u> of <u>46</u>
I.D. NUMBER 1239474	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Johnson Clark Associates  400 Capitol Mall, Ste. 1560  Sacramento CA 95814	PRO	0.00	1,647.00	0.00	1,647.00
Chris Pechal  7044 Lazy River Way  Sacramento CA 95831	Mileage, parking and office expenses	0.00	327.56	0.00	327.56
Marla Sousa  17459 E. Sola Road  Stockton CA 95215	Staff fee and mileage	0.00	1,067.20	0.00	1,067.20
Justin C. Zanutto  8838 Mohamed Circle  Elk Grove CA 95624	LIT	0.00	240.00	0.00	240.00
TC Printing  1225 J Street  Sacramento CA 95814	LIT	0.00	2,390.67	0.00	2,390.67

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS \$** 0.00 \$ 5,672.43 \$ 0.00 \$ 5,672.43

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/20/2002	
through	02/16/2002	Page 36 of 46
NAME OF FILER Nakanishi for Assembly 2002		I.D. NUMBER 1239474

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Wendy Warfield & Associates 921 11th Street, Ste. 110 Sacramento CA 95814	OFC	0.00	477.33	0.00	477.33
Pacific Bell Payment Center Sacramento CA 95887-0001	OFC	0.00	153.89	0.00	153.89
San Joaquin Medical Society 3031 W. March Lane, #222W Stockton CA 95219	LIT	0.00	210.54	0.00	210.54
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>		<b>SUBTOTALS \$</b>	0.00 \$	841.76 \$	0.00 \$ 841.76

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G

Statement covers period from 01/20/2002 through 02/16/2002	<b>CALIFORNIA FORM 460</b>
Page 37 of 46	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Johnson Clark Associates

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		1,575.00
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		2,742.00
Greensburgh Group 245 Fischer Avenue, C-3 Costa Mesa CA 92626	LIT		410.74
National Tax-Limitation PAC (#596006) 1029 K Street, Ste. 44 Sacramento CA 95814	LIT		1,945.80

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 6,673.54**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Form 460 (June/01)  
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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from 01/20/2002 through 02/16/2002	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Johnson Clark Associates

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dane & Assoc. 4259 El Carnal Way Las Vegas NV 89121		Voter Calls	3,033.35
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		1,163.75
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		1,190.00
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		4,366.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ 9,753.10**

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G

Statement covers period from 01/20/2002 through 02/16/2002	<b>CALIFORNIA FORM 460</b>
	Page 39 of 46

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Johnson Clark Associates

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		4,471.95
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		115.00
G. Strahan 7752 Robert's River Way Sacramento CA 95831			3,805.00
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		1,165.36

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 9,557.31

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Form 460 (June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G

Statement covers period from 01/20/2002 through 02/16/2002	<b>CALIFORNIA FORM 460</b>
	Page 40 of 46

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Johnson Clark Associates

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		100.00
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		835.00
Greensburgh Group 245 Fischer Avenue, C-3 Costa Mesa CA 92626	LIT		650.00
Greensburgh Group 245 Fischer Avenue, C-3 Costa Mesa CA 92626	LIT		205.37

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 1,790.37

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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b> Page <u>41</u> of <u>46</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Johnson Clark Associates

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JC Evans 11230 Gold Express Drive, Ste. 310 Gold River CA 95670	LIT		1,584.95
JC Evans 11230 Gold Express Drive, Ste. 310 Gold River CA 95670	LIT		1,770.95
Val Smith 214 Wellfleet Circle Folsom CA 95630	POL	Survey Design	1,000.00
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	POS		5,271.16

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 9,627.06

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/20/2002	
through	02/16/2002	Page 42 of 46

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NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Johnson Clark Associates

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<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	LIT		803.09
Xcentrix 1119 S. 1680 W. Orem UT 84508	POL		3,536.00
Xpedite 135 S. LaSalle Street Chicago IL 60674	OFC		792.05
Greensburgh Group 245 Fischer Avenue, C-3 Costa Mesa CA 92626	POL		300.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 5,431.14

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE G

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Johnson Clark Associates

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster 2000 Royal Oaks Drive Sacramento CA 95813	LIT		5,836.11
Xcentrix 1119 S. 1680 W. Orem UT 84508	POL		2,616.00
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		125.00
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		3,050.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 11,627.11

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FPPC Form 460 (June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period from 01/20/2002 through 02/16/2002	<b>CALIFORNIA FORM 460</b>
	Page 44 of 46

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

I.D. NUMBER

1239474

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Johnson Clark Associates

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
G. Strahan 7752 Robert's River Way Sacramento CA 95831	LIT		1,279.11
Greensburgh Group 245 Fischer Avenue, C-3 Costa Mesa CA 92626	PRO		1,647.00
JC Evans 11230 Gold Express Drive, Ste. 310 Gold River CA 95670	LIT		1,280.00
KFBK 1440 Ethan Way, #200 Sacramento CA 95825	RAD		5,554.75

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 9,760.86

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

[www.netfile.com](http://www.netfile.com)

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

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to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/20/2002	
through	02/16/2002	Page 45 of 46

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Nakanishi for Assembly 2002

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KGBY 1440 Ethan Way, #200 Sacramento CA 95825	RAD			2,108.00
KJOY 4543 Quail Lakes Drive, #100 Stockton CA 95207	RAD			1,130.50
KNGT 1500 S. Hwy. 49, #206 Jackson CA 95642	RAD			587.93
KSTE 1440 Ethan Way, #200 Sacramento CA 95825	RAD			1,062.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$** 4,888.93

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule I**  
**Miscellaneous Increases to Cash**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE I

Statement covers period from <u>01/20/2002</u> through <u>02/16/2002</u>	<b>CALIFORNIA FORM 460</b>
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Nakanishi for Assembly 2002

I.D. NUMBER

1239474

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

0.00

**Schedule I Summary**

1. Increases to cash of \$100 or more this period. .... \$ 0.00  
 2. Unitemized increases to cash under \$100 this period. .... \$ 17.00  
 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... \$ 0.00  
 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** 17.00